

Office Use

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Financial Service Office _____
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Revised Oct 2012

SHORT-TERM GLOBAL IMPACT APPLICATION

Thank you for your interest in short-term missions. To help us get to know you better, each person applying to be a part of a trip and/or for financial assistance needs to fill out a separate application. Some information will not be applicable to students and minors. Please print clearly. This application MUST be completed in its entirety and returned to Deb Schelhaas at least two months prior to your departure date.

GENERAL INFORMATION

Trip Name	Trip Dates
Name (as appears on your license/passport)	Birthdate (m/d/y)
Address/city/zip	
Phone (best #)	Email
Marital status single married separated divorced widowed	
Occupation & location	
Have you even been convicted of a felony or charged with or convicted of child abuse or unlawful sexual offense? If yes, please explain.	

TRAVEL INFORMATION

Passport #	Expiration date
Drivers License #	
If your children age 12 and younger are traveling with you include the following information. Age 13 and older must fill out their own application.	
Child's name/birthdate (m/d/y)/gender	
Passport #	Expiration date
Child's name/birthdate (m/d/y)/gender	
Passport #	Expiration date
Child's name/birthdate (m/d/y)/gender	
Passport #	Expiration date

EMERGENCY CONTACT INFO

Name	Relationship
Address/city/zip	
Phone (home/business/cell)	
Email	

HEALTH INFO

PLEASE NOTE: BHBC does not provide medical assistance to anyone on a mission trip unless noted by the trip's leader. It is the responsibility of each person/team member to carry medical and evacuation insurance. BHBC will not cover any emergency medical situations or accrue any financial liability for medical or criminal situations.

Do you have any health problems that may interfere with this trip (allergies, chronic disease, medical restrictions, special diet)?
If yes, please explain.

Physician's name

Phone

Blood type (if known)

Are you taking any prescription drugs?
If yes, list drug name and dosage

Do you have health insurance? Yes () No () Is it applicable outside the USA? Yes () No ()

Insurance Company Name

Name of Insured

Group #

Contract #

Phone

CHURCH AFFILIATION

Are you a member () or attender () of BHBC? How long?
If NOT, what is the name of your home church?

Which BHBC pastor or small group leader has most closely observed your life and ministry?

List your current and previous ministry involvement at BHBC. Include number of years and leadership experience.

TELL US ABOUT THE MISSION TRIP TO WHICH YOU ARE APPLYING

Where will your trip take place (country/state/city)?

Trip Dates

Who will you be responsible to while on the trip?

Why do you want to be a part of this mission trip and why do you think God wants you to serve on this trip?

What will you be doing on your trip and what will your responsibilities be on the trip?

What spiritual gifts and skills do you have that will help you serve effectively on this project/trip?

List any hurdles, challenges or concerns you have regarding this trip (finances, family support, relationships, fears, etc).

List any education, training or foreign languages you speak that could be useful for this trip.

Besides church, list any other extracurricular activities/hobbies you participate in.

Have you ever been a part of a short-term mission trip before? Yes () No ()

If yes, briefly share: location, date, ministry group, your responsibilities and how that experience affected your life.

REFERENCES

List three references (name/relationship/email/phone) who have known you at least one year. One should be a pastor/ministry leader.

FUNDRAISING | if you are not seeking financial assistance, you may skip first five questions in this section.

Our policy is to financially assist and give priority to members and/or regular attenders who support BHBC ministries faithfully with their time, talents and treasures. Our financial office will review this application.

Do you faithfully support BHBC through your tithes and offerings? Yes () No () I give, but inconsistently ()

Do your parents faithfully support BHBC through their tithes and offerings? Yes () No () I give, but inconsistently ()

Trip cost, include all your known expenses.

How much of the cost do you personally plan to contribute?

How do you plan to raise the rest of the support?

If BHBC financially supports you, who should the check be made payable to and where should the check be sent?

Are you willing to commit yourself to the process of training and preparation for your trip and/or your team’s mission trip and to being a positive participant before and during the trip?

Do you have any questions about the trip?

Applicant’s Signature

Date

Please return this completed application to the church office at least two months prior to your trip departure date. If you have any questions contact Deb Schelhaas, 866.9597 x129 or deb@bhbconline.org.

Blythefield Hills Baptist Church | 6727 Kuttshill Dr NE | Rockford MI 49341
Attention: Deb